



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

11/15/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER</b>	→	<b>NYR000078436</b>
<b>INSTALLATION NAME</b>	→	<b>BETH ISRAEL KINGS HIGHWAY DIV</b>
<b>INSTALLATION ADDRESS</b>	→	<b>3201 KINGS HWY BROOKLYN, NY 11234</b>
<b>MAILING ADDRESS</b>	→	<b>3201 KINGS HWY BROOKLYN, NY 11234</b>

EPA Form 8700-12AB (4-88)

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2  
290 BROADWAY, 22<sup>nd</sup> Floor  
NEW YORK, NEW YORK 10007-1866**

**ATTN: DIV OF ENVIRON PLANNING & PROTECTION  
RCRA PROGRAMS BRANCH**

**TO: BROWN, JANET  
WASTE MGR  
3201 KINGS HWY  
BROOKLYN, NY 11234**

**EPA** Notification of Regulated Waste Activity  
 United States Environmental Protection Agency

1. Installation's EPA ID Number (Mark X in the appropriate box)  
☒ A. First Notification ☐ B. Subsequent Notification (Complete Item C)  
 C. Installation's EPA ID Number: NYR000000734816

2. Name of Installation (Include company and specific site name)  
 BIE EMH J. S. MALETZ KILN S. HIGHWAY 1

3. Location of Installation (Requires Building Number or Latitude and Longitude for processing)  
 Street: 320 KILN S. HIGHWAY 1  
 Street (Continued):  
 City or Town: BROOKLYN State: NY Zip Code: 11234  
 County: KINGS

4. Installation Mailing Address  
 Street or P.O. Box: SAME  
 City or Town: State: Zip Code:

5. Installation Contact (Person to be contacted regarding waste activities at site)  
 Name (Last): BROWN First: J. A. Job Title: Manager Phone Number (Area Code and Number): 212 420-2442

6. Installation Contact Address  
 A. Contact Address Location Mailing Other: B. Street or P.O. Box: SAME  
 City or Town: State: Zip Code:

7. Ownership  
 A. Name of Installation's Legal Owner: BETHA L. MALETZ KILN S. HIGHWAY 1  
 Street, P.O. Box, or Route Number: 1151 A 110 ST  
 City or Town: State: Zip Code: 11201  
 Phone Number (Area Code and Number): 212 240-2442  
 B. Land Type: P C. Other Type: P D. Other Type: Yes ☐ No ☒

From: Jack Hoyt, ASMD, EPA, Region 2, 230 Broadway, 22 Fl.  
 New York, NY 10007-1868. Tel: (212) 637 4106

Call Janet (212) 420-2442

Phone: (800) 441-2222 ext. 2222

EPA Form 8700-12 (Rev. 11-30-03) Previous edition is obsolete.